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Date	Chen/Matter Number
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From	Attorney Number
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Phone	Fax
312.902.5312	312.577.4532

Total number of pages, including cover letter: pages
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Comments

RE: Patent Application No.: 09/240,275
Filing Date: January 29, 1999
Inventor: Harvey L. Berger, et al.
Title: Adaptive Decision Regions and Metrics
Confirmation No. 7177

Please file the attached:

Transmittal (1 p.)
Fee Transmittal (1 p.)
Request for Continued Examination (RCE) (1 p.) in duplicate
Change of Correspondence Address (1 p.)
Supplemental Information Disclosure Statement (4 p.)
Form PTO/SB/08A (1 p.)
Cited Reference (29 p.)

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page 11-40 are US patent and are recycled.

PTO/SB/21 (09-06)

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TRANSMITTAL FORM	Application Number	09/240,275
	Filing Date	January 28, 1999
	First Named Inventor	Harvey L. Berger
	An Unit	2811
	Examiner Name	Kim, Kevin
(to be used for all correspondence after initial filing)		
Total Number of Pages in This Submission	39	Attorney Docket Number 12-0892/21 1457-00083

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ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declarations(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input checked="" type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Request for Continued Examination (RCE) PTO/SB/08A Cited Reference		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Katten Muchin Rosenman LLP		
Signature			
Printed name	John S. Santiago		
Date	10-13-06	Reg. No.	31,051

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Typed or printed name	Mary T. Champion	Date 10-13-06

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918).**FEE TRANSMITTAL**
For FY 2006☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 970.00

Complete if Known

Application Number	09/240,275
Filing Date	January 29, 1999
First Named Inventor	Harvey L. Berger
Examiner Name	Kim, Kevin
Art Unit	2811
Attorney Docket No.	12-0892/211457-00083

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FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee (\$)
- 20 or HP = _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20.		
Indep. Claims	Extra Claims	Fee (\$)
- 3 or HP = _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3.		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 = _____ / 50 = _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification. \$130 fee (no small entity discount)	Fee Paid (\$)
	780.00
Other (e.g., late filing surcharge): Request for Continued Exam (RCE) Fee and Submission of an IDS	180.00

SUBMITTED BY

Signature	Registration No. 31,051	Telephone (312) 902-5312
Name (Print/Type) John S. Panaguan		Date 10-12-06

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